

Vision and Aging

As the largest population group in history move into middle age, the incidence of individuals with low vision among middle aged and older Americans will rise.

In one decade, a figurative blink of an eye when all of the nation's baby boomers are 45 and older, 20 million will report a visual impairment. That means by the year 2010, 20 million boomers will experience significant functional vision problems even when wearing glasses or contacts.

People are said to have low vision if they have a severe visual impairment even after the best possible correction (with eyeglasses, contact lenses, or surgery), but still have some usable vision.

Low vision makes life difficult. Dr. Carl Kupfer, Director of the National Eye Institute stated, "People with low vision have difficulty with everyday activities, such as reading the newspaper, recognizing familiar faces, or working at their jobs. Many people become socially isolated because they can no longer enjoy activities such as playing cards or going to a movie. The health of people with low vision may be compromised when they cannot recognize medications or read labels, or nutritional information on food packages. Visual impairment can lead to a loss of independence and affect people's ability to move about safely, make decisions, and communicate with others." Injuries from falls, burns from preparing meals and automobile accidents are a concern.

It is important to find new ways of accomplishing routine daily tasks. These new skills will enable the individual to continue to live independently and productively, without the need for costly in-home or nursing home care.

Specially trained vision rehabilitation therapist, orientation and mobility specialists, low vision specialists provide training for the essential skills for living with vision loss.

A typical rehabilitation plan for a person with low vision includes instruction in how to use environmental cues, offer suggestions for modifying a person's home or job site for improved lighting and reduced glare. Use of the white cane for mobility and training on computers and adaptive devices enable people with visual impairments to remain productive and economically independent. Innovations in technology and appropriate training have the power to positively impact the astonishing 70 percent unemployment rate among people with vision loss.

Vision objectives are included for the first time in Healthy People 2010, the nation's health agenda that identified opportunities to improve the health of all Americans. This addition to Healthy People will finally put vision on the public health agenda. Most states and many localities use the Healthy People framework to guide local health policies and programs. The goal is to increase the use of vision rehabilitation services and visual and adaptive devices by people with visual impairments.

Presently, there is a need to increase the availability of qualified personnel to meet the needs of older people who are visually impaired. The National Agenda on Vision and Aging is developing initiatives to address these concerns.

Most patients with low vision are older people whose health insurance coverage is likely to be Medicare. However, the Medicare law has no explicit provision that it will pay for low vision rehabilitation services. Although low vision rehabilitation has been practiced for decades, however few within the Medicare system have understood the nature, medical necessity, or effectiveness of low vision rehabilitation services.

[S.1095/H.R.1902](#) will ensure access to Medicare-covered vision rehabilitation services for older adults who are blind or partially sighted. These vital services promote safety and independence, prevent injuries and further disabilities and reduce health care and dependency costs for older Americans.

With the passage of the Consolidated Act of 2004 (the Omnibus bill), an exciting five year demonstration project will be launched, beginning July 1, 2004, to provide national coverage for vision rehabilitation services, which includes services provided by rehabilitation professionals. In addition, the Act includes report language that clarifies and reinforces the purpose of the policy study legislated by the Medicare Prescription Drug bill. The Appropriations Act specified that by January 2005 the Federal Centers for Medicare and Medicaid Services (CMS) develop policy recommendations that will allow vision rehabilitation professionals to provide services in patients' homes.

Once the study is completed, the demonstration project will seek Congressional approval to adopt final statutory language to establish these services on a permanent basis.

By working together we have created a milestone for the field of vision rehabilitation and with the continued support of the National Council's on Aging and other Aging Networks and Partners individuals with low vision will be able to take charge of their lives.

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